

Welcome to the Executive Office for Immigration Review

Federal Benefits Orientation



Retirement/Benefits Team

- George Pittmon, Jr. (b) (6)
Supervisory Human Resources Specialist
- Dennyne Gunn (b) (6)
Human Resources Specialist, Employee Benefits
- Michael Rohr (b) (6)
Human Resources Specialist, Employee Benefits
- Maria Gutrick (b) (6)
Human Resources Assistant, Employee Benefits
- Email: EOIR.EmployeeBenefits@usdoj.gov

Federal Employees Retirement System (FERS)

- Recognizing the importance of your future, the Federal Government offers the Federal Employees Retirement System (FERS) - a retirement program that helps provide financial security for you and your family. Your participation in FERS is automatic and is one of the most important benefits you receive as a Federal employee. The three components of FERS, Social Security, the FERS Basic Benefit and the Thrift Savings Plan (TSP), work together to give you a strong financial foundation for your retirement years. FERS is managed by the U.S. Office of Personnel Management. The Basic Benefit and Social Security parts of FERS are withheld as payroll deductions from your biweekly pay.
- For additional information about the FERS retirement system, please visit: <https://www.opm.gov/retirement-services/fers-information/>

FERS Retirement System

<u>FERS</u>	<u>FERS-RAE</u>	<u>FERS-FRAE</u>
Effective 1/1/1987	Effective 1/1/2013	Effective 1/1/2014
3 tiered benefit package Full Social Security Basic Annuity Thrift Savings Plan (TSP)	3 tiered benefit package Full Social Security Basic Annuity Thrift Savings Plan (TSP)	3 tiered benefit package Full Social Security Basic Annuity Thrift Savings Plan (TSP)
Employee contributes 0.8% to FERS Social Security Tax 6.2% Medicare Tax of 1.45%	Employee contributes 3.1% to FERS Social Security Tax 6.2% Medicare Tax of 1.45%	Employee contributes 4.4% to FERS Social Security Tax 6.2% Medicare Tax of 1.45%

Insurance Programs

- Federal Employees Health Benefits Program (FEHB)
- Federal Employees Group Life Insurance (FEGLI)
- Federal Employees Dental and Vision Insurance Program (FEDVIP)
- Flexible Spending Account (FSA)
- Federal Long Term Care Insurance Program (FLTCIP)

www.opm.gov/healthcare-insurance/Guide-Me/New-Prospective-Employees/

Federal Employees Health Benefits Program (FEHB)

- As a New Federal Employee, you have 60 days to elect coverage.
- Enrollment options: Self Only, Self+1, Self and Family.
- Open Season conducted annually from mid-November to mid-December.
- Qualifying Life Event (QLE) required to elect/change coverage after initial 60 days or outside of the annual Open Season.
- To view and compare available plans, please visit:

<https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/> or

<http://www.checkbook.org/newhig2/eoir.cfm>

Health Benefits Election Form

Fill out this section
with your information

Part A - Enrollee and Family Member Information (For additional family members use a separate sheet and attach.)

1. Enrollee name (last, first, middle initial) _____ 2. Social Security number _____ 3. Date of birth (mm/dd/yyyy) _____ 4. Sex ☐ M ☐ F ☐ Yes ☐ No 5. Are you married?

6. Home mailing address (including ZIP Code) _____ 7. If you are covered by Medicare, check all that apply. ☐ A ☐ B ☐ D 8. Medicare Claim Number _____ 9. Are you covered by insurance other than Medicare? ☐ Yes, indicate in item 10 below. ☐ No

10. Indicate the type(s) of other insurance: ☐ TRICARE ☐ Other: Name of other insurance: _____ Policy number: _____

☐ FEHB. An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.

11. Name of family member (last, first, middle initial) _____ 12. Social Security number _____ 13. Date of birth (mm/dd/yyyy) _____ 14. Sex ☐ M ☐ F 15. Relationship code _____ 16. Address (if different from enrollee) _____ 17. If you are covered by Medicare, check all that apply. ☐ A ☐ B ☐ D 18. Medicare Claim Number _____ 19. Are you covered by insurance other than Medicare? ☐ Yes, indicate in item 20 below. ☐ No

20. Indicate the type(s) of other insurance: ☐ TRICARE ☐ Other: Name of other insurance: _____ Policy number: _____

☐ FEHB. An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.

21. Email address (if different from enrollee's) _____ 22. Preferred telephone number (if different from enrollee's) _____

23. Name of family member (last, first, middle initial) _____ 24. Social Security number _____ 25. Date of birth (mm/dd/yyyy) _____ 26. Sex ☐ M ☐ F 27. Relationship code _____ 28. Address (if different from enrollee) _____ 29. If you are covered by Medicare, check all that apply. ☐ A ☐ B ☐ D 30. Medicare Claim Number _____ 31. Are you covered by insurance other than Medicare? ☐ Yes, indicate in item 32 below. ☐ No

32. Indicate the type(s) of other insurance: ☐ TRICARE ☐ Other: Name of other insurance: _____ Policy number: _____

☐ FEHB. An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.

33. Email address (if different from enrollee's) _____ 34. Preferred telephone number (if different from enrollee's) _____

Fill out this section if you
have eligible family members

Enter the "Entry on
Duty" Date

Part B - FEHB Plan You Are Currently Enrolled In (if applicable)

1. Plan name _____ 2. Enrollment code _____

Part C - FEHB Plan You Are Enrolling In or Changing To

1. Plan name _____ 2. Enrollment code _____

Part D - Event That Permits You to Enroll, Change, or Cancel (see page 2)

1. Event code **1A** 2. Date of event _____

Part E - Election NOT to Enroll (Employees Only)

☐ I do NOT want to enroll in the FEHB Program.
My signature in Part H certifies that I have read and understand the information on page 3 regarding this election.

Part F - Cancellation of FEHB

☐ I CANCEL my enrollment.
My signature in Part H certifies that I have read and understand the information on page 3 regarding cancellation of enrollment.

Part G - Suspension of FEHB (Annuity/Former Spouses Only)

☐ I SUSPEND my enrollment.
My signature in Part H certifies that I have read and understand the information on page 4 regarding suspension of enrollment.

Part H - Signature

WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

1. Your signature (do not print) _____ 2. Date (mm/dd/yyyy) _____

3. Email address _____ 4. Preferred telephone number _____

Part I - To be completed by agency or retirement system

Enter the name of
Health Benefits Plan &
the enrollment code

Federal Employees Group Life Insurance (FEGLI)

- Basic Coverage is automatic.
- As a New Federal Employee, you have 60 days to elect additional coverage.
- Coverage Amounts:
 - Basic Coverage = Your Salary, Rounded to the nearest \$1,000 + \$2,000.
 - Option A = \$10,000 of coverage
 - Option B = Multiples up to 5 times your salary
 - Option C = Family Coverage, up to 5 Multiples with each multiple worth \$5,000 for a spouse and/or \$2,500 for an eligible child
- Qualifying Life Event (QLE) required to increase coverage after initial 60 days.
- Can Waive and/or Reduce coverage at any time.
 - Must have Basic Coverage to have Optional Coverage
- FEGLI premium calculator available here:
<https://www.opm.gov/retirement-services/calculators/fegli-calculator/>

1 General Instructions

By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) do nothing and have Basic automatically, (2) elect Basic and any or all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.

- Read the back of Part 3 - Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.
- Give all parts of your completed form to your employing office. Your employing office will complete Section 6 of this form (or its electronic equivalent) and return your copy to you.

This election supersedes all previous elections.

2 Fill in identifying information concerning the employee.

Name (last, first, middle)		Date of birth (mm/dd/yyyy)		Social Security Number	
Employing department or agency		OWCP claim number, if applicable		Location of department or agency where you work (city, state, ZIP code)	
				Daytime telephone number (including area code)	

3 To elect or retain Basic, sign and date below. If you do not sign for Basic, you (or your assignee) may not elect or retain any form of optional insurance. If you do not want any insurance at all, skip to Section 5.

Basic	I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to U.S. Postal Service employees.)	Date (mm/dd/yyyy)
	SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.)	

4 Optional

If you signed for Basic in item 3 above, you may elect or retain any or all of the following options (UNLESS you have previously waived any or all of these options, in which case you may elect only those options which you are eligible to elect as outlined in the FEGLI Program Booklet). Sign the box(es) below for any option(s) you are eligible for and wish to elect or retain. If you do not sign for an option, you have waived it and your future opportunities to enroll in it are strictly limited.

You will not be covered for any option(s) for which you do not sign below, regardless of whether you previously elected the option(s).

Option A - Standard	Option B - Additional	Option C - Family
I want Option A. I authorize deductions to pay the full cost.	I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost.	I want Option C in the multiple I indicate below. I understand that each multiple is worth \$5,000 upon the death of my spouse, and \$2,500 upon the death of an eligible child. I authorize deductions to pay the full cost.
<input type="checkbox"/> 1 times my pay	<input type="checkbox"/> 3 times my pay	<input type="checkbox"/> 3 multiples
<input type="checkbox"/> 2 times my pay	<input type="checkbox"/> 4 times my pay	<input type="checkbox"/> 4 multiples
	<input type="checkbox"/> 5 times my pay	<input type="checkbox"/> 5 multiples
SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.)	SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.)	SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.)
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)

5 If you want NO life insurance coverage, sign and date below.

Waiver of all life insurance coverage	I want NO life insurance coverage. I understand that any life insurance I have will stop at the end of the last day of the pay period in which my employing office receives this waiver. Further, I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form and submit satisfactory medical information, or (2) I experience a life event, or (3) I have a break in Federal service of at least 180 days, or (4) I participate in an open season, which is held infrequently. I understand that I cannot get any optional insurance unless I first have Basic. I understand that my decision to waive life insurance coverage now may affect my eligibility for coverage as a retiree.	Date (mm/dd/yyyy)
	SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.)	

6 Agency Use

Name and address of employing office	Date received in employing office (mm/dd/yyyy)	Effective date of coverage (mm/dd/yyyy)	If new/newly eligible employee, enter "0" for event.
	I followed the instructions on the back of Part 1.		Number of event permitting change (See back of Part 1)
Signature of authorized agency official			

You must sign for Basic Coverage to elect Optional coverage

Do not sign under 3 or 4 if waiving coverage. Do not sign under 5 if electing coverage.

Federal Employees Dental and Vision Insurance Program (FEDVIP)

- As a New Federal Employee, you have 60 days to enroll in FEDVIP.
- Enrollment options: Self Only, Self+1, Self and Family.
- Open Season conducted annually from mid-November to mid-December
- Do not have to be enrolled in FEHB, but must be eligible for FEHB.
- Very few Qualifying Life Event (QLE) options to enroll/change after initial 60 days or outside of Open Season.
- Enrollment completed online at www.BENEFEDS.com or by phone at 1-877-888-FEDS (1-877-888-3337).
- To view and compare available plans, please visit:

<https://www.benefeds.com/> or <http://www.checkbook.org/newhig2/eoir.cfm>

Eligible Family Members

- Family members eligible for coverage under FEHB
 - Spouse, including a valid common law marriage.
 - Children under age 26, including legally adopted children, recognized natural children, and step-children.
 - Children age 26 or over who are incapable of self-support because of a mental or physical disability that existed before age 26. (Specific documentation may be required for children under this qualification).
 - Foster children, if specific criteria are met.
- Family members eligible for coverage under FEGLI and FEDVIP
 - Spouse, including a valid common law marriage.
 - Children under age 22, including legally adopted children, recognized natural children, and step-children.
 - Children age 22 or over who are unmarried and incapable of self-support because of a mental or physical disability that existed before age 22. (Specific documentation may be required for children under this qualification).
 - Foster children, if specific criteria are met.

Flexible Spending Account (FSA)

- As a New Federal Employee, you have 60 days to elect a FSA.
- Flexible Spending Accounts enable eligible employees to pay for certain medical and dependent care expenses with pre-tax dollars.
- Open Season conducted annually from mid-November to mid-December.
- FSAFEDS offers three different flexible spending accounts (FSAs):
 - HCFSA: Health care flexible spending account allows you to pay for eligible medical, dental, and vision care expenses. Maximum election for 2018 is \$2,650 (per individual) and the minimum is \$100.
 - LEX HCFSA: Limited Expense Health Care flexible spending account is available if you are enrolled in a high deductible health plan (HDHP) and have a Health Savings Account (HSA). LEX HCFSA can only be used to pay for qualifying dental and vision care expenses. Maximum election for 2017 is \$2,650 and the minimum is \$100.
 - DCFSA: Dependent care flexible spending account allows you to pay for eligible dependent care services, such as preschool, summer day camp, before and after-school programs, and child or adult daycare. Maximum election for 2018 is \$5,000 per household (\$2,500 if married filing separately).
- FSA elections are made online through FSAFEDS at: www.FSAFEDS.com

Federal Long Term Care Insurance Program (FLTCIP)

- The FLTCIP was designed specifically for members of the Federal government.
- The program is designed to help pay for long term care services when enrollees need assistance with performing activities of daily living.
- For more information and to request an enrollment application, please visit www.LTCFEDS.com or call 1-800-LTC-FEDS.

Thrift Savings Plan (TSP)

- Part of the three-tiered FERS retirement system.
- Similar to a “401(k)” plan available to private sector employees.
- New employees that are eligible to participate are automatically enrolled for 3% of their biweekly basic salary.
- Automatic 3% deductions are withheld from your pay on a pre-tax basis and placed in an age appropriate Lifecycle (L) Fund.
- If you wish to make changes or waive your automatic contribution, you must submit TSP-1 form to Human Resources for processing.
 - Refund of Automatic 3%: Employees may request a refund of the Automatic 3% contribution within 90 days of the first deduction. The refund request is made by submitting the TSP-25 form to the TSP and cancelling their TSP contributions. This does not prevent future contributions from being made.
- Elective deferral (maximum contribution) limit for regular contributions for 2018 is \$18,500. This amount is subject to change every year.

Major Features of the TSP for ALL Participants

- Traditional (pre-tax) and Roth (after-tax) TSP options.
- Daily valuation of accounts.
- Transfers/rollovers of eligible distributions into the TSP.
- A choice of investment funds.
- Ability to make contribution allocations daily.
- Ability to make two interfund transfers a month.
 - After you have made 2 interfund transfers in a month, you will only be allowed to make transfers to the G-Fund.
- Loans from your own contributions.
- Ability to designate beneficiaries for your account balance.
- Automated telephone line: (877) 968-3778, for TDD: (877) 847-4385.
- A website for online access 24 hours a day at www.TSP.gov.

Contributions to the TSP

- Three sources of TSP Contributions:
 - Employee contributions
 - Agency Automatic 1% contribution (only for FERS employees)
 - Agency Matching contributions (only for FERS employees)
- Employee Contributions:
 - Can be made to Traditional (pre-tax), Roth (after-tax) or a combination of both
 - Can choose to make contributions in whole dollars or whole percentages.
- Agency Automatic 1% contribution:
 - For FERS employees, will receive 1% of your biweekly basic pay, even if you are not making employee contributions.
 - Made to Traditional (pre-tax) account.
- Agency Matching contributions:
 - Only receive if making employee contributions.
 - Made to Traditional (pre-tax) account, regardless of the type of employee contributions being made.

Matching Contributions (Only for FERS Employees)

- The first 3% is matched dollar for dollar.
- The next 2% will be matched at 50¢ on the dollar.
- When you contribute 5% of your basic pay, the agency contributes another 4% of your basic pay to your TSP account. Together with the Agency Automatic (1%) Contribution, the agency matching equals a total of 5% of your basic pay.

**Agency Contributions to Your Account
(FERS Employees Only)**

You put in:	Your agency puts in:		And the total contribution is:
	Automatic (1%) Contribution	Agency Matching Contribution	
0%	1%	0%	1%
1%	1%	1%	3%
2%	1%	2%	5%
3%	1%	3%	7%
4%	1%	3.5%	8.5%
5%	1%	4%	10%
More than 5%	1%	4%	Your contribution + 5%

TSP Catch-up Contributions

- “Catch-up contributions” are supplemental employee contributions that employees age 50 or older (or turning age 50 during the calendar year) can make to the TSP beyond the maximum amount they can contribute through regular contributions.
- You can choose to make Traditional (pre-tax) or Roth (after-tax) contributions.
- The maximum contribution limit for 2018 is \$6,000. This amount is subject to change every year.
- There are no matching contributions.
- To make catch-up contributions, you must submit a Catch-Up Contribution Election Form, TSP-1-C. You must indicate the dollar amount you would like to contribute each pay period, and you must self-certify that you expect to contribute the maximum amount of regular contributions for the year.
- Catch-Up Contributions can also be made using the self-service option in “My EPP.”

Roth vs. Traditional Contributions

The Treatment of...	Traditional TSP	Roth TSP
Contributions	<i>Pre-tax</i>	<i>After-tax</i> ¹
Your Paycheck	<i>Taxes are deferred</i> , so less money is taken out of your paycheck.	<i>Taxes are paid up front</i> , so more money comes out of your paycheck.
Transfers In	<i>Transfers</i> allowed from eligible employer plans and traditional IRAs	<i>Transfers</i> allowed from Roth 401(k)s, Roth 403(b)s, and Roth 457(b)s
Transfers Out	<i>Transfers</i> allowed to eligible employer plans, traditional IRAs, and Roth IRAs ²	<i>Transfers</i> allowed to Roth 401(k)s, Roth 403(b)s, Roth 457(b)s, and Roth IRAs ³
Withdrawals	<i>Taxable</i> when withdrawn	<i>Tax-free</i> earnings if five years have passed since January 1 of the year you made your first Roth contribution, AND you are age 59½ or older, permanently disabled, or deceased



THRIFT SAVINGS PLAN ELECTION FORM

TSP-1

Use this form to start, stop, or change the amount of your contributions to the Thrift Savings Plan (TSP).

Before completing this form, please read the *Summary of the Thrift Savings Plan* and the instructions on the back of this form. Type or print all information. **Return the completed form to your agency personnel or benefits office.** Your agency should return a copy to you after completing Section V.

Note: To choose your investment funds, see the instructions in the General Information section on the back of this form.

I. INFORMATION ABOUT YOU

1. Name (Last) _____ (First) _____ (Middle) _____
2. Street Address _____ City _____ State _____ Zip Code _____
3. Social Security Number _____ 4. () _____
Daytime Phone (Area Code and Number)
5. Office Identification (Agency and Organization) _____

II. CHOOSE THE AMOUNT OF YOUR CONTRIBUTIONS

Your choice will cancel
all previous elections.

To start or change the amount of traditional (pre-tax) or Roth (after-tax) contributions to your TSP account, enter **either** a whole percentage of your basic pay per pay period **or** a whole dollar amount per pay period for each type of contribution you elect. (You may choose a percentage for one type of contribution and a dollar amount for the other type of contribution.) **Remember:** A blank line next to a type of contribution equals 0% or \$0 contributed.

6. Traditional (Pre-Tax) Contributions _____ .0% **OR** 7. \$ _____ .00
8. Roth (After-Tax) Contributions _____ .0% **OR** 9. \$ _____ .00

III. STOP SOME OR ALL OF YOUR CONTRIBUTIONS

To stop all or any portion of your contributions to the TSP, check the box in Item 10 that applies and complete Section IV. Your payroll contributions will stop no later than the first full pay period after your agency employing office receives this form. (If you are a Federal Employees' Retirement System (FERS) employee, and you stop your contributions, your Agency Matching Contributions will stop, but Agency Automatic (1%) Contributions will continue. Read the instructions on the back.)

10. ☐ I choose not to save for my retirement. Please stop all my payroll contributions to my TSP account.
☐ Stop only my traditional (pre-tax) payroll contributions to my TSP account.
☐ Stop only my Roth (after-tax) payroll contributions to my TSP account.

If you are a newly hired (or rehired) employee, you can generally stop your automatic employee contributions before they start if you submit this form to your agency before the end of your first full pay period. (See note on back.)

IV. SIGNATURE

11. Participant's Signature _____ 12. Date Signed (mm/dd/yyyy) _____

V. FOR EMPLOYING OFFICE USE ONLY

13. Payroll Office Number _____ 14. Receipt Date (mm/dd/yyyy) _____ 15. Effective Date (mm/dd/yyyy) _____
16. Signature of Agency Official _____

PRIVACY ACT NOTICE. We are authorized to request the information you provide on this form under 5 U.S.C. chapter 84, Federal Employees' Retirement System. Your agency or service will use this information to identify your TSP account and to start, change, or stop your TSP contributions. In addition, this information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. The information may also be shared with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing a statute, rule, or order.

It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. Relevant portions of the information may also be disclosed to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide this information, but if you do not provide it, your agency or service will not be able to process your request.

ORIGINAL TO PERSONNEL FOLDER
Provide a copy to the employee and to the payroll office.

Form TSP-1 (5/2012)
PREVIOUS EDITIONS OBSOLETE

Contribution elections must be made in full percentage or full dollar amounts. Can elect to have a combination of Traditional and Roth elections, but cannot elect a percentage and dollar amount of the same type.

Maximizing Your Retirement Savings

If Every Day, You Saved the Cost of...	You'd Contribute...	in 20 Years	in 30 Years	in 40 Years
		You'd Have*	You'd Have*	You'd Have*
1 mobile app (\$1)	\$30 per month	\$13,860	\$30,135	\$59,745
1 bottled water (\$1.50)	\$45 per month	\$20,790	\$45,200	\$89,615
1 specialty coffee (\$3.50)	\$105 per month	\$48,515	\$105,475	\$209,105
1 dry-cleaned shirt (\$4)	\$120 per month	\$55,445	\$120,540	\$238,980
1 take-out lunch (\$7)	\$210 per month	\$97,030	\$210,950	\$418,215
1 short taxi ride (\$8)	\$240 per month	\$110,890	\$241,085	\$477,955

**All figures assume a 6% annual rate of return compounded monthly and do not include matching contributions.*



G FUND

Government Securities Investment Fund



F FUND

Fixed Income Index Investment Fund



C FUND

Common Stock Index Investment Fund



S FUND

Small Capitalization Stock Index Investment Fund



I FUND

International Stock Index Investment Fund

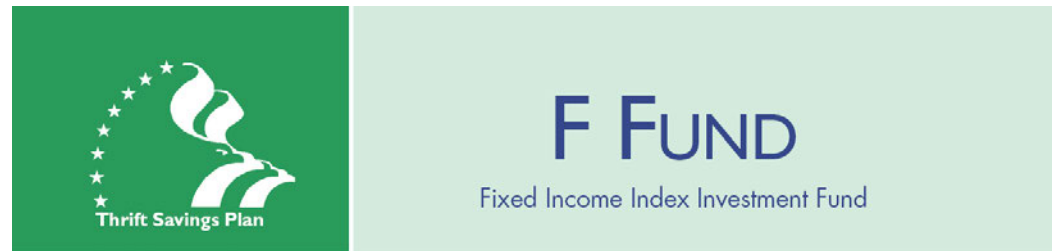


L FUNDS

Lifecycle Funds



The G Fund are Government Securities and this fund offers income without risk of loss of principal.



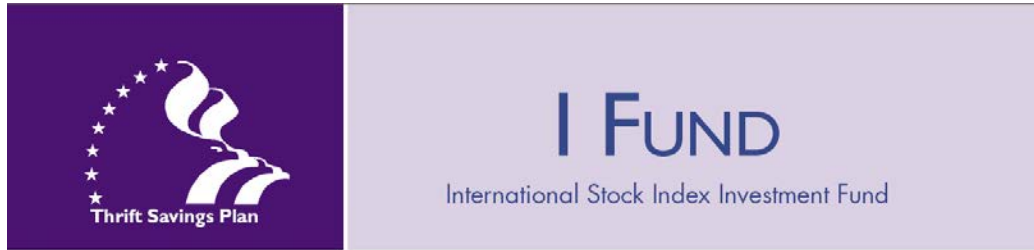
The F Fund are government, corporate, & mortgage-backed bonds. The F Fund tries to match the performance of the Barclays Capital US Aggregate Bond Index.



The C Fund is stocks of large & medium sized US companies. The fund's objective is to match the performance of the S&P 500 index.



The S Fund is stocks of small to medium sized companies (not included in the C Fund). The fund's objective is to match the performance of Dow Jones US Completion TSM Index.



The I Fund is International Stocks of 21 developed countries. The fund's objective is to match the performance of the Morgan Stanley Capital International EAFE Index.



The L Funds are invested in the G, F, C, S, &I funds. The fund's objective is to provide professionally diversified portfolios based on various time horizons using all the funds.

Checklist of Benefits Forms to be returned to Human Resources for Processing

- SF2809, Federal Employees Health Benefits Election form
- SF2817, Federal Employees Group Life Insurance Election form
- TSP-1, Thrift Savings Plan Election Form

Designation of Beneficiary

- At the time of your death, if you do not have a designation or valid court order on file, OPM and OFEGLI will pay out the death benefit by order of precedence
 - First, to the beneficiary(ies) you validly designated;
 - If none, to your widow or widower;
 - If none of the above, to your child or children and the descendants of any deceased children (a court will usually have to appoint a guardian to receive payment for a minor child);
 - If none of the above, to your parents in equal shares, or the entire amount to the surviving parent;
 - If none of the above, to the court-appointed executor or administrator of your estate;
 - If none of the above, to your other next of kin entitled under the laws of the State where you lived.
- Beneficiary designations filed with the HR Office can be updated at any time.
- If you are satisfied with the Order of Precedence, you do not need to complete designation of beneficiary forms.

Designating a Trust

- You can designate a person or institution as a trustee under the terms of a trust agreement to receive the life insurance benefits upon your death.
- To make sure these designations are clear and to allow for quick identification of the entitled party, OPM has established suggested formats to use for these designations.
- The follow information must be included for the designation to be valid:
 - A statement that the FEGLI death benefit is to be paid to the trustee or successor trustee, and;
 - Name and date of the Trust (for inter vivos trusts).
- Examples of Trust designations are included in the beneficiary designation packets

Designation of Beneficiary forms

- SF3102 Designation of Beneficiary (FERS)
 - Submit to HR
- SF2823 Designation of Beneficiary (FEGLI)
 - Submit to HR
- SF1152 Designation of Beneficiary for Unpaid Compensation of Deceased Civilian Employee
 - Submit to HR
- TSP-3 Designation of Beneficiary (TSP)
 - Submit directly to TSP

Leave Administration Programs

- Annual Leave
- Sick Leave
- Leave Bank Program
- Leave Transfer Program
- Family and Medical Leave Act (FMLA)

Annual Leave

- Accrue leave based on years of service.
- Most employees have a leave ceiling (maximum) of 240 hours that can be carried over from year to year. Any hours in excess of the 240 hours at the end of the leave year will be forfeit.
 - Members of the Senior Executive Service (SES) and Senior Level employees have a leave ceiling of 720 hours.

Employee Type	Less than 3 years of Service	3 years but less than 15 years of Service	15 or more years of Service
Full-Time Employees	4 hours a Pay Period	6 hours a Pay Period, <i>except 10 hours in the last pay period of the year</i>	8 hours a Pay Period
Part-Time Employees	1 hour of annual leave for each 20 hours in a pay status	1 hour of annual leave for each 13 hours in a pay status	1 hour of annual leave for each 10 hours in a pay status

Sick Leave

- Years of service do not affect total hours accrued each pay period.
- There is no maximum amount that can be carried over from year to year.

Employee Type	Sick Leave Accrual
Full-time Employees	4 hours a Pay Period
Part-time Employees	1 hour for each 20 hours in a pay status

Leave Bank Program

- An employee, who is a bank member, can apply to receive annual leave if the employee experiences a personal or family medical emergency and has exhausted their available annual and sick leave.
- Open enrollment period held each year from mid-October through mid-November to become a bank member.
- Membership requires a donation of one pay period accrual of annual leave
 - i.e. 4, 6, or 8 hours
 - Donations can be more than the minimum, but not more than one-half the amount of annual leave accrued in a leave year
- New Employees have 30 days from their start date to submit an application online to become a bank member.
 - Online application:

(b) (7)(E)

Leave Transfer Program

- A program designed to help employees who have a personal or family medical emergency and have exhausted all their available paid leave (annual and sick leave).
- Program allows fellow employees to donate annual leave directly to program participants.
 - Leave donations may not exceed one-half of the amount of annual leave accrued in a leave year.

Disabled Veteran Leave

- Veterans with a 30% or higher service-connected disability rating and hired on or after 11/5/2016 can receive up to 104 hours (13 days) paid leave for treatment of their service-connected disability
- Have a one-time 12-month benefit period starting the date hired, or the date you receive your 30% or higher disability rating, whichever is later, to use leave (unused leave is forfeit; no payout of remaining leave balance)
- Application to receive Disabled Veteran Leave must be made with the REB Team and include:
 - Copy of VBA disability rating letter
 - Self-certification stating leave will only be used for qualified absences relating to the service-connected disability
- Medical certification may be required to verify appropriate use of Disabled Veteran Leave
- Leave requests must be submitted in advance with your supervisor and in WebTA

Family and Medical Leave Act (FMLA)

- Under the Family and Medical Leave Act, Federal employees are entitled to a total of up to 12 workweeks of unpaid leave during any 12-month period for the following purposes:
 - The birth of a son or daughter of the employee and the care of such son or daughter;
 - The placement of a son or daughter with the employee for adoption or foster care;
 - The care of a spouse, son, daughter, or parent of the employee who has a serious health condition, or;
 - A serious health condition of the employee that makes the employee unable to perform the essential functions of his or her position
- Must have at least 12 months of Federal civilian service.
- Applications to participate in the FMLA program require medical documentation from your physician(s).

Post-1956 Military Service Deposit (MSD)

- FERS employees:
 - Can make a deposit for active duty military service that ended under Honorable conditions to be included in calculations of a retirement annuity.
 - Deposit amount is interest free for the first three years of Federal civilian service.
 - Deposit must be paid in full before retirement to receive credit.
 - Deposit paid through payroll deductions or lump sum payments
- To have an estimate of the MSD amount, the following needs to be provided to the Retirement and Benefits Team:
 - DD214 for each period of Honorable military service showing the character of service and Lost Time (Generally member-2 or member-4 copy).
 - Estimated Earnings During Military Service (RI 20-97 available from Retirement and Benefits Team).

Workplace Responses to Domestic Violence, Sexual Assault and Stalking Policy

- Per DOJ and OPM policy, EOIR has implemented the following:
- The Department has a zero tolerance policy for violence in the workplace
 - Employees engaging in domestic violence, sexual assault, and stalking in the workplace may be removed from the premises, subject to disciplinary or adverse action, up to and including removal from Federal service, and subject to arrest and/or prosecution.
- Employees experiencing violence in the workplace should report the incident immediately to their supervisor or manager.
- A list of resources has been compiled for employees affected by or experiencing domestic violence, sexual assault, and stalking, inside and outside of the workplace, please visit:
(b) (7)(E)
- The DOJ Policy Statement is available here:
(b) (7)(E)

WorkLife4You and EAP

TEXT ONLY | TEXT SIZE + - RESET

PROVIDER SEARCH TOOLS

WorkLife4You

Call 24/7
800-222-0364

Call 24/7 for Confidential Personal Assistance 800 222-0364

Search

WORK/LIFE

Child Care & Parenting Senior Care Financial Legal Wellness Education Daily Needs Pregnancy Adoption Special Needs More>>

Child Care Options

This article provides basic information on what you need to know before you begin your search for quality child care.

From Negative Being to Positive You

Child Care Options

8 Ways to Stay Healthy at Work

Learn About Senior Services

CHILD CARE & PARENTING

13 Ways To Boost Kids' Resilience

Your children are strong. Stronger than you might be led to believe by the headlines screaming a ...

Combining Work and Family

Managing Work and Life

Child Care Options

View All Child Care & Parenting »

SENIOR CARE

Avoid Caregiver Burnout

Live Webinar

From Negative Being to Positive You

Register for this month or for upcoming webinars.

Join Now »

On Demand Webinars

Access our library of On Demand webinars at your convenience.

View »

Discussion Groups

Interactive forums where you can share your experiences and learn from others.

Join today »

www.worklife4you.com

Registration code: (b) (7)(E)

WorkLife4You and EAP

- WorkLife4You provides 24/7 expert guidance, timely information and pre-screened referrals to nationwide resources to help employees and their dependents manage day-to-day responsibilities and life events
- EAP integrated with WorkLife4You to provide expanded services
- Can request free education kits by calling 1-800-222-0364.
 - **Prenatal Kit:** provides information to help plan for a healthy pregnancy and child-birth and educate about child care and parenting issues
 - **Child Safety Kit:** provides information about protecting children under age 3 from today's most prevalent dangers
 - **College Kit:** has practical products and safety information for college-bound child or college freshman and help them transition smoothly into college life
 - **Adult Caregiver's Kit:** provides information and products designed to help seniors with daily living
 - **Be Well Kit:** provides information on managing health and free products for improving wellness



Welcome to the Employee Personal Page

www.nfc.usda.gov

USDA United States Department of Agriculture
National Finance Center

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Home Services MyNFC

NATIONAL FINANCE CENTER

THE RIGHT CHOICE FOR SHARED SERVICES

HR and Payroll Financial Services Applications

Launch an Application

Click on "My EPP"



***** **WARNING** *****

- You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.
- Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.
- By using this information system, you understand and consent to the following:
 - You have no reasonable expectation of privacy regarding any communications or data transiting or stored on this information system. At any time, the government may for any lawful government purpose monitor, intercept, search and seize any communication or data transiting or stored on this information system.
 - Any communications or data transiting or stored on this information system may be disclosed or used for any lawful government purpose.
 - Your consent is final and irrevocable. You may not rely on any statements or informal policies purporting to provide you with any expectation of privacy regarding communications on this system, whether oral or written, by your supervisor or any other official, except USDA's Chief Information Officer.

Cancel

I Agree



Click "I Agree"

Enter your User ID
and Password.

The screenshot shows the myEPP login interface. At the top, there is a banner with the myEPP logo and a background image of financial documents. Below the banner, there are three main sections: 'Log In', 'eAuth Log In', and 'News'. The 'Log In' section contains a 'User ID' field, a 'Password' field, a 'Log In' button, and links for 'Forgot Your User ID?', 'Forgot Your Password?', 'New User Sign Up', and 'Need Help?'. A red oval highlights the 'Forgot Your User ID?' and 'Forgot Your Password?' links. A yellow arrow points from the top text 'Enter your User ID and Password.' to the 'Log In' section. Another yellow arrow points from the bottom text 'If you have forgot your User ID and/or Password, “click” forgot and NFC will send you your ID and/or password via e-mail or regular mail. It takes 5-7 business days to receive this information.' to the 'Forgot Your Password?' link. The 'eAuth Log In' section contains a paragraph about the modified login process and an 'eAuth Log In' button. The 'News' section contains information about the OPM Plan Comparison Tool and the Consumers' Checkbook's 'Guide to Health Plans for Federal Employees & Annuitants - An FEHBP Plan Comparison Tool'.

Log In

User ID

Password

[Forgot Your User ID?](#)

[Forgot Your Password?](#)

[New User Sign Up](#)

 [Need Help?](#)

 Visit the [EPP Sample Page](#)

eAuth Log In

The Employee Personal Page has been modified to use [eAuthentication \(eAuth\)](#). If you are a Federal employee and wish to log into the EPP with your eAuth credential click the "eAuth Login" button below. Other users must log into the EPP as usual by entering your User ID and Password in the login box above.

News

The OPM Plan Comparison Tool:
- FEHB: www.opm.gov/fehbcompare
- FEDVIP: www.opm.gov/fedvipcompare

Consumers' Checkbook's "Guide to Health Plans for Federal Employees & Annuitants - An FEHBP Plan Comparison Tool"
www.checkbook.org/newhig2/hig.cfm
Please note that many Agencies make the electronic version of Consumers' Checkbook available to employees on their intranet.

If you have forgot your User ID and/or Password, “click” forgot and NFC will send you your ID and/or password via e-mail or regular mail. It takes 5-7 business days to receive this information.

First time users

- New users logging in for the first time will be prompted to answer questions to set up their EPP.
- Follow the prompts on your screen and click “Save” when finished.
- A review/confirmation screen will appear, review the information for accuracy, the click “Continue.”

[Pay Period Calendar](#)[Help](#)[Contact Us](#)[Log out](#)

Joseph Q. Harley

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☐ Leave Calculator

☐ Benefits Statement

☐ Personal Info

☐ Debt Management

☐ Direct Deposit

☐ E&L Statements

☐ ERI, Gender, & Disability

☐ Financial Allotments

☐ Federal Tax (W-4)

☐ Flex Spending Accounts

☐ Health Insurance

☐ Health Savings Account

☐ Life Insurance

☐ Leave

☐ Residence Address

☐ State Tax

☐ TSP

☐ TSP Catch-Up

☐ Vet Status & Preference

☐ W-2

☐ 1095-C

☐ Miscellaneous

☐ Preferences

☐ Time Manager

☐ Links

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[TSP Home](#)

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News and Announcements!

If you have a question about this data or believe it has errors, please contact your [servicing Human Resources organization](#) for assistance.

Have a question about Federal programs, benefits, or services? Visit the [USA.Gov](#), U.S. Government's Official web portal. It includes [Kids.Gov](#), a web portal for kids with links to over 2,000 web pages from government agencies, schools, and educational organizations, all geared to the learning level and interest of kids.

The OPM Plan Comparison Tool:

- FEHB: www.opm.gov/fehbcompare
- FEDVIP: www.opm.gov/fedvipcompare

Consumers' Checkbook's "Guide to Health Plans for Federal Employees & Annuitants - An FEHBP Plan Comparison Tool" www.checkbook.org/newhiq2/hig.cfm. Please note that many Agencies make the electronic version of Consumers' Checkbook available to employees on their intranet.

You can view your Earnings and Leave statement, make changes through employee self-service, and verify information by “clicking” on the menu items to the left.

- *If you want to make interfund transfers and contribution allocations to your TSP account, you will need to log into your TSP account at www.TSP.gov.*

Please remember to check your statement **EVERY** pay period! If you have any questions or concerns, please contact the Retirement and Benefits Team.

[Pay Period Calendar](#)
[Help](#)
[Contact Us](#)
[Log out](#)

SAVINGS PLAN

Joseph Q. Harley
OFC OF THE CHIEF FIN OFFC

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Earnings & Leave Statements

Your latest salary is \$40,084 at Grade 07 Step 02.

Select Year 2015

E&L Statement Summary						
Year, Pay Period	PayPlan Grade Step	Salary	P/P Gross Pay	P/P Net Pay	Dates Covered	Official Pay Date
2015, 21	GS 07 03	\$41,377.00	\$1,586.40	\$415.93	01/11/2015 to 01/24/2015	02/05/2015

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[View Doc \(Word\)](#)
[View Xls \(Excel\)](#)

Pay Period E&L Details					
Year, Pay Period	Employing Agency	PayPlan Grade Step	Salary	SCD for Leave	Ret Deduces This Appt
2015, 21 (01/11/2015 to 01/24/2015)	*** Sample *** Sample ***	GS 07 03	\$41,377.00	12/10/2007	\$856.10

Earnings and Deductions					
Code	Description	Hours P/P	Hours YTD	Amount P/P	Amount YTD
01	REGULAR TIME	79.25	130.00	1,571.53	2,577.90
61	ANNUAL LEAVE		3.50		69.41
62	SICK LEAVE		1.75		34.70
64	COMPENSATORY LEAVE	0.75	0.75	14.87	14.87
66	OTHER LEAVE		24.00		475.92
**	**** PAY PERIOD HOURS and GROSS PAY ****	80.00		1,586.40	3,172.80
75	RETIREMENT			12.69	25.38
75	TSP-FERS			126.91	253.82
76	SOCIAL SECURITY (OASDI)			64.95	130.02
77	FEDERAL TAX EXEMPTS S01			163.12	326.68
78	ST TAX LA EXEMPTS S01			40.39	80.89
81	FEHBA - ENROLL CODE 314			39.99	77.01

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**	**** PAY PERIOD HOURS and GROSS PAY ****	80.00		1,586.40	3,172.80
75	RETIREMENT			12.69	25.38
75	TSP-FERS			126.91	253.82
76	SOCIAL SECURITY (OASDI)			64.95	130.02
77	FEDERAL TAX EXEMPTS S01			163.12	326.68
78	ST TAX LA EXEMPTS S01			40.39	80.89
81	FEHBA - ENROLL CODE 314			39.99	77.01
85	CHARITABLE CONTRIBUTNS				9.62
88	SAVINGS ACCT 0881646358			200.00	400.00
88	SAVINGS ACCT 19987			50.00	100.00
88	SAVINGS ACCT 2037528938			450.00	900.00
97	MEDICARE TAX WITHHELD			22.42	44.89
**	***** TOTAL DEDUCTIONS *****			1,170.47	2,348.31
**	***** NET PAY *****			415.93	824.49
**	DD/EFT ROUTING NO. 313185515				

Year-to-Date Leave Status

Type	Accrued	Used	Balance	Projected Use or Lose	PT Hrs Unapp	Max Carry-Over
Annual	6		44.00			240
Sick	4		201.25			Leave Category
Compensatory			3.25			6
Credit Hours			20			
Religious Comp			15			
Travel Comp			5			

Remarks

--

Agency Contributions to Employee Benefits this Pay Period

FICA/Social Security (OASDI)	68.71
Medicare Tax	22.42
Retirement	12.69
Non-Federal Retirement	0
FEGLI	0
Non-Federal Life Insurance*	0
FEHB	0
Non-Federal Health Benefits*	0
TSP Basic	130.88
TSP Matching	61.47
Non-Federal 401K*	0
Other	

* If present, may contain multiple benefit plans.

Who to Contact for EPP Assistance

- For guidance and assistance with EPP, contact Payroll Specialist, Joel Dorsey at Joel.Dorsey@usdoj.gov.
- For assistance with logging into EPP, and after using the available Self-Service options, you can contact the NFC Contact Center at 1-855-632-4468 between 6:30am to 5:00pm Central time, Monday through Friday, except Federal Holidays.
- Additional help available by access “Help” button within EPP.